



Your business
is our business.

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Greenbelt, Maryland 20770
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June 28, 2017

VIA Electronic Comment Filing System

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

**Re: WC Docket No. 14-58
2017 ETC Annual Report of FTC Communications, LLC
Study Area Code 249002**

Dear Ms. Dortch:

On behalf of FTC Communications, LLC ("Company"), JSI files the attached FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.¹

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

¹ 47 C.F.R. §§ 54.313, 54.422.

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	249002
<015>	Study Area Name	FTC COMMUNICATIONS, LLC
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Mayme Carsten
<035>	Contact Telephone Number: Number of the person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	mayme_carsten@mail.ftc.org
	Form Type	54.313 and 54.422

<010>	Study Area Code	249002
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<210> For the prior calendar year, were there any reportable voice service outages? No

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**(300) Unfulfilled Service Request
Data Collection Form**FCC Form 481
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<300> Unfulfilled service request (voice)

0

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)

Name of Attached Document

<010>	Study Area Code	249002
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only mobile voice	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice 0 . 0	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

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<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
249002SC510 .pdf		
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	249002SC610.pdf

<010>	Study Area Code	249002
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	

-- See attached worksheet

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**(800) Operating Companies
Data Collection Form**

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OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org
<810>	Reporting Carrier	FTC Communications, LLC
<811>	Holding Company	Farmers Telephone Cooperative, Inc. (SC)
<812>	Operating Company	FTC Communications, LLC

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

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<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate
comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband
comparability compliance

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

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<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
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 July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

249002SC1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2005) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

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Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.
- <2022> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.
- <2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.
- <2024A> Round 2 Recipient of Incremental Support?
- <2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.
- <2025A> Round 2 Recipient of Incremental Support?
- <2025B> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).
- <2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Name of Attached Document Listing
Required Information

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Required Information

(2005) Price Cap Carrier Additional Documentation

FCC Form 481

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Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

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Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No) <input type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input type="radio"/> <input type="radio"/>
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) <input type="radio"/> <input type="radio"/>
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information

(3005) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039> Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>John Staurulakis, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	John Staurulakis, Inc.
Name of Reporting Carrier:	FTC COMMUNICATIONS, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/27/2017
Printed name of Authorized Officer:	Guy Dent Adams Jr
Title or position of Authorized Officer:	COO Subsidiaries
Telephone number of Authorized Officer:	8433822333 ext.1335
Study Area Code of Reporting Carrier:	249002 Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	FTC COMMUNICATIONS, LLC
Name of Authorized Agent Firm:	John Staurulakis, Inc.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/27/2017
Name of Authorized Agent Employee:	Lans Chase
Title or position of Authorized Agent or Employee of Agent	Staff Director - Regulatory
Telephone number of Authorized Agent or Employee of Agent:	7705692015 ext.1
Study Area Code of Reporting Carrier:	249002 Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

FTC Communications, LLC ("FTC") adheres to the 12 points within the CTIA Consumer Code, including disclosing rates, additional taxes, fees, surcharges and terms of service; providing coverage maps; making customer service readily accessible; and allowing a trial period for new service.

1. FTC COMMUNICATIONS, LLC DISCLOSES RATES AND TERMS OF SERVICE TO CONSUMERS

For each service plan offered to new consumers, FTC discloses to consumers at point of sale and on its web sites, at least the following information, as applicable: (a) the coverage area for the service; (b) any activation or initiation fee; (c) the monthly access fee or base charge; (d) the amount and nature of any voice, messaging, or data allowances included in the plan (such as night and weekend minutes); (e) the charges for domestic usage in excess of any included allowances or outside of the coverage area; (f) for prepaid service plans, the period of time during which any balance is available for use; (g) whether there are prohibitions on data service usage and whether there are network management practices that will have a material impact on the customer's wireless data experience; (h) whether any additional taxes, fees or surcharges apply; (i) the amount or range of any such fees or surcharges that are collected and retained by the carrier; (j) the amount or nature of any late payment fee; (k) whether a fixed-term contract is required and its duration; (l) the amount and nature of any early termination fee that may apply; and (m) the trial period during which a consumer may cancel service without any early termination fee, as long as the consumer complies with any applicable return policy.

2. FTC COMMUNICATIONS, LLC MAKES AVAILABLE MAPS SHOWING WHERE SERVICE IS GENERALLY AVAILABLE

FTC makes available at point of sale and on its web sites maps depicting approximate domestic coverage applicable to each of their service plans currently offered to consumers. To enable consumers to make comparisons among carriers, FTC generated this map using generally accepted methodologies and standards to depict outdoor coverage. All such maps will contain or link to an appropriate legend concerning limitations and/or variations in wireless coverage and map usage, including any geographic limitations on the availability of any services included in the plan. FTC periodically updates such maps as necessary to keep them reasonably current. If necessary to show the extent of service coverage available to customers from carriers' roaming partners, FTC incorporates coverage maps from roaming partners that are generated using similar industry-accepted criteria, or if such information is not available, incorporate publicly available information regarding roaming partners' coverage areas.

3. FTC COMMUNICATIONS, LLC PROVIDES CONTRACT TERMS TO CUSTOMERS AND CONFIRMS CHANGES IN SERVICE

When a customer initiates new service or a change in existing service, FTC provides or confirms any new material terms and conditions of the ongoing service with the customer.

4. FTC COMMUNICATIONS, LLC ALLOWS A TRIAL PERIOD FOR NEW SERVICE

When a customer initiates postpaid service with FTC, the customer will be informed of and given a period of not less than 14 days to try out the service. FTC does not impose an early termination fee if the customer cancels service within this period, provided that the customer complies with applicable return and/or exchange policies. Other charges, including usage charges, may still apply.

5. FTC COMMUNICATIONS, LLC PROVIDES SPECIFIC DISCLOSURES IN ADVERTISING

In advertising of prices for wireless service plans or devices, FTC discloses material charges and conditions related to the advertised prices and services, including if applicable and to the extent the advertising medium reasonably allows: (a) whether activation or initiation fees apply; (b) monthly access fees or base charges; (c) the amount and nature of any voice, messaging, or data service allowances included in the plan; (d) the charges for any domestic usage in excess of any included allowances or outside of the coverage area; (e) for prepaid service plans, the period of time during which any balance is available for use; (f) whether there are network management practices that will have a material impact on the customer's wireless data experience; (g) whether any additional taxes, fees or surcharges apply; (h) the amount or range of any such fees or surcharges that are collected and retained by the carrier; (i) whether a fixed-term contract is required and its duration; (j) early termination fees; (k) the terms and conditions related to receiving a product or service for "free;" (l) for any service plan advertised as "nationwide," (or using similar terms), the carrier will have available substantiation for this claim; and (i) whether prices or benefits apply only for a limited time or promotional period and, if so, whether any different fees or charges will apply for the remainder of the contract term.

6. FTC COMMUNICATIONS, LLC SEPARATELY IDENTIFIES CARRIER CHARGES FROM TAXES ON BILLING STATEMENTS

On customers' bills, FTC distinguishes (a) monthly charges for service and features, and other Charges collected and retained by FTC, from (b) taxes, fees and other charges collected by FTC and remitted to federal state or local governments. FTC will not label cost recovery fees or charges as taxes.

7. FTC COMMUNICATIONS, LLC PROVIDES CUSTOMERS THE RIGHT TO TERMINATE SERVICE FOR CHANGES TO CONTRACT TERMS

FTC will not modify the material terms of their postpaid customers' contracts in a manner that is materially adverse to those customers without providing a reasonable advance notice of a proposed modification and allowing those customers a time period of not less than 14 days to cancel their contracts with no early termination fee.

8. FTC COMMUNICATIONS, LLC PROVIDES READY ACCESS TO CUSTOMER SERVICE

Customers will be provided a toll-free telephone number to access FTC's customer service during normal business hours. Customer service contact information will be provided to customers online and on billing statements. FTC provides information about how customers can contact the carrier in writing, by toll-free telephone number, *via* the Internet or otherwise with any inquiries or complaints, and this information is included, at a minimum, on all billing statements, in written responses to customer inquiries and on FTC's web site. FTC also makes such contact information available, upon request, to any customer calling customer service departments.

9. FTC COMMUNICATIONS, LLC PROMPTLY RESPONDS TO CONSUMER INQUIRIES AND COMPLAINTS RECEIVED FROM GOVERNMENT AGENCIES

FTC responds in writing to state or federal administrative agencies within 30 days of receiving written consumer complaints from any such agency.

10. FTC COMMUNICATIONS, LLC ABIDES BY POLICIES FOR PROTECTION OF CUSTOMER PRIVACY

FTC abides by a policy regarding the privacy of customer information in accordance with applicable federal and state laws, and makes available to the public its privacy policy concerning information collected online. FTC abides by the CTIA Best Practices and Guidelines or Location-Based Services.

11. FTC COMMUNICATIONS, LLC PROVIDES CONSUMERS WITH FREE NOTIFICATIONS FOR VOICE, DATA AND MESSAGING USAGE, AND INTERNATIONAL ROAMING

FTC provides, at no charge: (a) a notification to consumers of currently-offered and future domestic wireless plans that include limited data allowances when consumers approach and exceed their allowance for data usage and will incur overage charges; (b) a notification to consumers of currently-offered and future domestic voice and messaging plans that include limited voice and messaging allowances when consumers approach and exceed their allowance for those services and will incur overage charges; and (c) a notification to consumers without an international roaming plan/package whose devices have registered abroad and who may incur charges for international usage. The notifications described above to postpaid consumers are based on information available at the time the notification is sent. Wireless consumers will not have to affirmatively sign up in order for these notifications to be sent. FTC clearly and conspicuously discloses tools or services that enable consumers to track, monitor and/or set limits on voice, messaging and data usage.

12. FTC COMMUNICATIONS, LLC ABIDES BY THE MOBILE DEVICE UNLOCKING STANDARDS

FTC abides by the following standards regarding the ability of customers, former customers, and individual owners of eligible devices to unlock phones

and tablets, (“mobile wireless devices”) that are locked by or at the direction of the carrier. It should be noted that carriers typically use different frequencies and air interface technologies to provide wireless network access. Accordingly, a device that works on one carrier’s network may not be technologically compatible with another carrier’s network. “Unlocking” a device refers only to disabling software that would prevent a consumer from attempting to activate a device designed for one carrier’s network on another carrier’s network, even if that network is technologically compatible. In other words, “unlocking” a device will not necessarily make a device interoperable with other networks-a device designed for one network is not made technologically compatible with another network merely by “unlocking” it. Additionally, unlocking a device may enable some functionality of the device but not all (e.g., an unlocked device may support voice services but not data services when activated on a different network).

FTC Communications, LLC (“FTC”) hereby certifies that it is able to function in emergency situations as set forth in 47 C.F.R. § 54.202(a)(2)¹ and Section 103-690 of the South Carolina Code of Regulations. FTC’s network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2) and Section 103-690 of the South Carolina Code of Regulations. FTC can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow FTC to manage traffic spikes throughout its network, as emergency situations require.

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

(700) Price Offerings including Voice Rate Data Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	249002
<015>	Study Area Name	FTC COMMUNICATIONS, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

1/1/2017

<703>

[illegible]

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	249002
<015>	Study Area Name	FTC COMMUNICATIONS, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org
<810>	Reporting Carrier	FTC Communications, LLC
<811>	Holding Company	Farmers Telephone Cooperative, Inc. (SC)
<812>	Operating Company	FTC Communications, LLC

[illegible]

Please complete Sections 1, 2 and 3 below. *You must provide proof of your eligibility along with this application.*

SECTION 1 - Applicant Information (*Applicant is the person who has telephone service with the company.*)

Choose service to apply the Lifeline discount:

Telephone (Apply Lifeline discount of \$9.25)

If you have Lifeline (free/reduced phone service) with another company, do you give FTC Wireless permission to transfer the Lifeline service? If you answer yes, *you will lose the discount with the other company. If you answer no, you may not receive Lifeline on this account.**

Yes, transfer my Lifeline service No, do not transfer my Lifeline Service I do not currently have Lifeline

First Name* Middle Name/Initial Last Name*

Date of Birth* Last 4-Digits of SSN* Phone Number Email Address

Residential Street Address (*No PO Boxes*)* Unit # City* State* Zip Code*

Is your residential address permanent?* Yes No Is this address occupied by multiple households? Yes No
(if yes, complete Lifeline Household Worksheet on Page 3)

Billing Address (*if different*) Unit # City State Zip Code

Eligible Person's Information. Only complete this part if the person who qualifies for Lifeline is not the Applicant.

First Name Last Name Date of Birth Last 4-Digits of SSN Relationship to Applicant

SECTION 2 - Eligibility Information

I certify that I, my dependent, or my household receives assistance from at least one of the programs listed below, or that my total household income is at or below 135% of the Federal Poverty Guidelines, and that I have provided proof of eligibility.*

2017 135% of the Federal Poverty Guidelines (annual household income before tax)
1 person up to \$16,281 per year 2 people up to \$21,924 3 people up to \$27,567 4 people up to \$33,210 5 people up to \$38,853 6 people up to \$44,496
7 people up to \$50,139 8 people up to \$55,782 More than 8 people - add \$5.643 for each extra person

Select only one

Federal Public Housing Assistance (FPHA) Supplemental Security Income (SSI)
Medicaid Veterans Pension or Survivors Pension
Supplemental Nutrition Assistance Program (SNAP) Total Household Income at or below 135% of the Federal Poverty Guidelines

If you checked **Total Household Income** above, provide the number of people in your household.

SECTION 3 - Certification

By initialing each line and signing below, I certify, under penalty of perjury, that the information contained within this certification form is true and correct to the best of my knowledge AND that:

_____ I **certify** that I meet the income-based or program-based eligibility criteria for receiving Lifeline.

_____ I **certify** that I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline (for example, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, or if I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit).

_____ I **certify** that if I move to a new address, I will provide that new address to the eligible telecommunications carrier within 30 days.

_____ I understand that my household will receive only one Lifeline service and, to the best of my knowledge, I **certify** that my household is not already receiving a Lifeline service.

_____ I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database (NLAD) my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, the telephone number that is associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit. I understand that the transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the the Administrator, I will be denied Lifeline Program benefits.

_____ I **certify** that the information contained in this certification form is true and correct to the best of my knowledge,

_____ I **acknowledge** that providing false or fraudulent information to receive Lifeline benefits is punishable by law;

_____ I **acknowledge** that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

Signature*

Date*

Send the completed form and proof of eligibility to:

MAIL: FTC Wireless P.O. Box 588 Kingstree, SC 29556 FAX: 843.382.4200 QUESTIONS: 888.218.5050

Lifeline is a federal benefit that makes monthly telephone or broadband internet service more affordable for eligible households. Eligible households may apply the monthly Lifeline discount to either broadband internet service (home or wireless) or phone service (home or wireless) but not both. Your household may not receive the Lifeline benefit from more than one company. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income and expenses. You may not transfer your Lifeline discount to another person, even if he or she is eligible. You may lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive Lifeline.

For Office Use Only: Type of Documentation _____ Date Reviewed _____ Reviewed by _____ Lifeline Household Worksheet? Yes No Date NLAD Queried _____

FTC WIRELESS

Lifeline Household Worksheet

Lifeline Program support is a federal benefit that provides a monthly discount on phone service (home or wireless) or broadband internet service (home or wireless) but not both. **Only one Lifeline Program-supported service per household** is allowed under Federal law. Answer the questions on the following page to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit.

Providing false information on this form may result in losing your Lifeline Program-supported service and possible criminal penalties.

Your household is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Household expenses include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Members of a household are not permitted to receive more than one Lifeline Program-supported service. You are receiving a copy of this form because records indicate that more than one person at this address is receiving a Lifeline Program benefit. Each person at this address who receives a Lifeline Program benefit and has not yet completed and returned a household worksheet will receive a copy of this form, pre-populated with his/her name, address and telephone number.

If you DO NOT share income and expenses with the other adult(s) living at this address who receive Lifeline Program benefits, or there are no other adult(s) living at this address receiving Lifeline Program benefits, you **MUST STILL** sign this form to continue to receive your Lifeline Program benefit. If you fail to do so, you will be de-enrolled from your Lifeline Program benefit.

If you live with another adult(s) who shares income and expenses with you and who has a Lifeline Program benefit on his or her phone service, your household is receiving more than one Lifeline Program benefit. If so, you **MUST** take the following steps: (1) consult with the other adult(s) in your household currently receiving a Lifeline Program benefit and decide who will keep the Lifeline Program benefit for the household; and (2) the person who will keep the Lifeline Program benefit, AND ONLY THAT PERSON will fill out the form IN FULL and return it to his or her telephone service provider within 30 of days of the date of this communication. The telephone number listed on this form will be the number which will retain the Lifeline Program benefit.

If the PERSON IN YOUR HOUSEHOLD WHO WISHES TO KEEP THE LIFELINE PROGRAM BENEFIT FOR THE ENTIRE HOUSEHOLD HAS ALREADY PROVIDED a household worksheet to their service provider, then NO FURTHER ACTION IS NECESSARY. (The person named below does not need to sign and send this form to their Lifeline provider).

After 30 days of the date of this letter, all other subscribers at this address below who have not completed a household worksheet will NO LONGER have a Lifeline Program benefit.

Name _____	Telephone Number _____
Address _____	
Street	Apt.
City	State
Zip	

1. Does your husband, wife, or domestic partner living at your address have a Lifeline Program-discounted phone service?

_____ **No.** Please answer question 2 below.

_____ **Yes.** If **YOU** are the person who will keep the Lifeline benefit, **check OPTION B at the bottom and sign this Form.** If you are not keeping your Lifeline benefit, **DO NOT** submit this form.



2. Does another adult (age 18 or older, or emancipated minor) live with you AND have a Lifeline Program-discounted phone service?

_____ **No.** Please check **OPTION A** below and **SIGN THIS FORM.**

_____ **YES.** Please answer question 3 below.



3. Do you share expenses for bills, food, or other living expenses AND share income with the person in question #2?

_____ **No.** Please check **OPTION C** below and **SIGN THIS FORM.**

_____ **Yes.** If **YOU** are the person who will keep the Lifeline Program benefit, **check OPTION B at the bottom and sign this form.** If you are not keeping your Lifeline benefit, **DO NOT** submit this form.

Please check the box below for the one that applies to you:

OPTION A. [] No one in my household, other than myself, is currently receiving a Lifeline Program benefit and therefore I may continue to receive a Lifeline Program benefit.

OPTION B. [] There are others in my household that are currently receiving a Lifeline Program benefit; by signing this form, I will be the only member of this household to continue to receive a Lifeline Program benefit.

OPTION C. [] There are other adults who reside at the above listed address who receive a Lifeline Program benefit but do not share income and expenses with me, therefore since I am the only member in my household receiving a Lifeline Program benefit, I may continue to receive that benefit.

I certify that the information provided above is true. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline Program benefits, and may be prosecuted by the United States government for violating the rules.

Signature _____ Date _____

Please return the signed form to FTC Wireless at P.O. Box 588, Kingstree, SC 29556; Fax: 843.382.4200;
Questions: 888.218.5050